

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **XXX**
 City **St. Louis** (No. **Deaconsess Hosp.**) St. Ward)

24472

File No.
 Registered No. **5846**
 St. Ward)

2. FULL NAME **Frieda Steger**

(a) Residence, No. **4960 Neosho Ave** St. **15** Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joseph Steger**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 3, 1879**
 7. AGE YEARS **54** MONTHS **4** DAYS **28** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**13. NAME **Henry Geiger**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Sophie Schenck**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **Joseph Steger 14960 Neosho**18. BURIAL, CREMATION, OR REMOVAL **St. Peter's Park** DATE **7-5-33**19. UNDERTAKER **Kriegerman Mortuary** (ADDRESS) **4278 So. Kingshighway**20. FILED **LL-3-1543** **J. F. Breckert** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 1, 1933**22. I HEREBY CERTIFY, That I attended deceased from **June 23, 1933** to **July 1, 1933**I last saw him alive on **July 1, 1933** Death is saidto have occurred on the date stated above, at **8:20 p.m.**

The principal cause of death and related causes of importance were as follows:

1398 Date of onset**Polio. Abscess****cause unknown**Other contributory causes of importance: **13913**Name of operation **Laparotomy** Date of **July 1**What test confirmed diagnosis? Was there an autopsy? **140**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **W. H. Simon M.D.** M. D.(Address) **4000 Chouteau**

